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FAX COVER SHEET

Date:	April 8, 2005	Phone Number	Fax Number
То:	Examiner Lanier		(703) 872-9306
From:	Kevin J. Ziłka		

Docket No.: NAI1P255/01.002.01 App. No: 09/887,585

Total Number of Pages Being Transmitted, Including Cover Sheet: 25

Message:
Please deliver to Examiner Lanier.
Thank you. Kevin J. Zilka
Original to follow Via Regular Mail X Original will Not be Sent Original will follow Via Overnight Couries

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ANY OTHER DIFFICULTY, PLEASE PHONE ______Erica____
AT (408) 971-2573 AT YOUR EARLIEST CONVENIENCE

April X, 2003

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:)
David W. Carman et al.) Group Art Unit: 2132
Application No. 09/887,585	Examiner: Lanier, B.
Filed: June 21, 2001) Date: April 8, 2005
For: METHOD AND APPARATUS FOR ESTABLI A SHARED CRYPTOGRAPHIC KEY BETWEEN ENERGY-LIMITED NODES IN A NETWORK	ŚHING))))

CERTIFICATE OF FACSIMILE 1 hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents, Alexandria, VA 226 3-1450 at facsimile number: (703) 872-9306 on the above date.

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

SVIPG

	Claims Remaining After <u>Amendment</u>	Highest Previously Paid For	Present Extra	SMALL ENT RATE FEE	ITY	OR	LARGE ENTITY RATE FEE
TOTAL CLAIMS	_39	38	01	X25 = \$	OR	X50 =	\$ 50
INDEP CLAIMS	04	_ 03	01	X100 = \$	OR	X200 =	\$200
Multiple Dependent Claim Present				\$0			\$0
and Fee Not Previously Paid			TOTAL	\$			\$ <u>250.00</u>

Applicant(s) hereby petition for a month extension of time to respond to the outstanding Office Action. Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No.50-1351.

Enclosed is our Check No. in the amount of \$ to cover the additional claim fee and/or extension of time fees. If the required tees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No.50-1351 (Order No NAII P255). A copy of this sheet is enclosed for billing purposes.

> Respectfully submitted: Zilka-Kotab, PC

Kevin J. Zilka Registration No. 41,429

P.O. Box 721120 San Jose, CA 95172-1120 Telephone: (408) 971-2573

(Revised 1796)

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David	W. Carman et	al.) Group A	rt Unit:	2132		
Applic	Application No. 09/887,585)) Examine) Examiner: Lanier, B.			
Filed:	June 21, 200	1) Date: A	pril 8, 20	005		
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TOTAL CLAIMS	39	_38	_01	X25 = \$	OR	X50 =	\$ 50	
INDEP CLAIMS		03	01	X100 = \$	OR	X200 =	\$200	
	pendent Claim Pro	esent		\$0			\$0	
and Fee Not F	Previously Paid		TOTAL	\$			\$ <u>250.00</u>	
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			Zill Kev	pectfully submitt a-Kotab PC				
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CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents, Alexandria, VA 22313-1450 at facsimile number: (703) 872-9306 on the above date.

Signed:

Erica L. Farlow

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT A

Sir:

In response to the Office Action mailed February 03, 2005, please enter the following: